

**Utah Retirement Systems Public Employees Health Program (PEHP)  
Comparison of Long Term Care Insurance Plans**

**The Aetna\* Service Reimbursement Plan and Prudential\*\* Tax Qualified Service Reimbursement Plan**

Plan Features	Aetna Service Reimbursement Plan	Prudential Service Reimbursement Plan
<b>Eligible Participants</b>	Employees who are members of the Utah Retirement System who are actively employed by an employer which contracts with PEHP to offer the Group Long Term Care program. Employee Spouse, domestic partner, parents/parents in-law, grandparents/grandparents in-law, adult child(ren).  Retirees are - Members of the Utah Retirement System who have been employed by an employer participating with the Utah Retirement System and currently receiving a retirement benefit.	Actively-at-work, benefit eligible employees who are members of the Utah Retirement System who are actively employed by an employer which contracts with PEHP to offer the Group Long Term Care program. Employee Spouse, domestic partner, parents/parents in-law, grandparents/ grandparents in-law, adult child(ren) and their spouse.  Retirees are - Members of the Utah Retirement System who have been employed by an employer participating with the Utah Retirement System and currently receiving a retirement benefit.
<b>Age Range to Apply</b>	Not applicable, as the plan is closed to new enrollments.	18 to 84 Current Insureds over age 84 receiving this offer may transfer if they are currently insured.
<b>Plan Model</b>	Service Reimbursement – Pays a benefit equal to the lesser of the qualified expenses incurred or the applicable Daily Benefit Amount.	Service Reimbursement – Pays a benefit equal to the lesser of the qualified expenses incurred or the applicable Daily Benefit Maximum.
<b>Benefit Eligibility</b>	You are eligible for benefits when a Licensed Health Care Practitioner (LHCP) certifies that you are unable to perform two of six Activities of Daily Living that is expected to last at least 90 days or have a Severe Cognitive Impairment, such as Alzheimer's disease. Activities of Daily Living are Bathing, Continence, Dressing, Eating, Toileting, Transferring.	You are eligible to receive benefits if you are assessed by an Assessor and confirmed as having a Chronic Illness or Disability. A Chronic Illness or Disability is one in which there is 1) A loss of the ability to perform, without Substantial Assistance, at least two Activities of Daily Living. This loss must be expected to continue for 90 days. Activities of Daily Living are Bathing, Continence, Dressing, Eating, Toileting, and Transferring. Or 2) A severe Cognitive Impairment which requires Substantial Supervision to protect you from threats to health or safety.
<b>Daily Benefit Amount (DBA)</b>	Your Daily Benefit Amount is the maximum dollar amount the plan will pay in any single day for covered expenses.	Your Daily Benefit Maximum is the maximum dollar amount the plan will pay for any single day's covered expenses.
<b>Lifetime Maximum</b>	You have a Lifetime Maximum based on the following number of years 3 or 5 for your plan  Calculate your "pool –of-money" by multiplying your DBA by the number of years and then multiply this amount by 365	The Lifetime Maximum is equal to the Daily Benefit Maximum for Nursing Home Care times 365 days times the number of years for your plan (3 or 5). The number of years will be the same as under the Aetna plan.
<b>Benefit Payout:</b>  • Nursing Home Facility  • Assisted Living Facility  • Home HealthCare and Adult Day Care	Covered Expenses up to:  • 100% of DBA  • 100% of DBA  • 60% of DBA  You must satisfy the Waiting/Deductible Period before benefits are payable.	<b>Covered Expenses up to:</b>  • 100% of DBM  • 100% of DBM  • 60% of DBM  You must satisfy the Waiting/Deductible Period before benefits are payable.
<b>Cash Alternative Benefit</b>	Not Applicable	Under this provision, at your option, your Coverage will pay a monthly fixed benefit to you in lieu of reimbursement for Eligible Charges for Home and Community-Based Care as stated above. The Cash Alternative Daily Benefit is payable for each day in the month in which you have a Chronic Illness or Disability, after you satisfy the Benefit Waiting/ Elimination Period. The Cash Alternative Daily Benefit is equal to 50% of your Daily Maximum for Home Health Care. The Cash Alternative Daily Benefit is subject to the following: 1) You must meet the Benefit Eligibility Criteria. 2) You can only elect this benefit on a monthly basis. 3) It is in lieu of any other Institutional Care or Home and Community-Based Care benefits payable for that month. These benefits are subject to the Benefit Waiting/ Elimination Period and reduce your Lifetime Maximum.

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<b>Informal Care Benefit</b>	Provides for personal care in your home by family members, neighbors or other private-hire caregivers. Benefit paid at 25% of the DBA for up to 50 days per calendar year  Benefits paid do not reduce your Lifetime Maximum.  You must satisfy the Waiting/Deductible Period before benefits are payable.	The Cash Alternative Benefit above may be used for informal care services.
<b>Informal Caregiver Training</b>	Provides for training of your personal caregiver by health professionals.  One payment per claim period up to the cost of training, up to 3 times your DBA.  Benefits paid do not reduce your Lifetime Maximum.  You must satisfy the Waiting/Deductible Period before benefits are payable.	Coverage is provided for training If someone will be providing care for the insured and requires training in how to be a caregiver. Benefits for Eligible Charges will be paid up to 5 times the Nursing Home Daily Benefit Maximum.  No Benefit Waiting/Elimination Period applies to Caregiver Training benefits.
<b>Bed Reservation</b>	While you are receiving benefits in a covered facility and your stay is interrupted for any reason, the plan continues benefit payments if you are incurring charges to reserve a bed in such facility, up to 21 days per calendar year.  You must satisfy the Waiting/Deductible Period before benefits are payable.	While you are receiving Long Term Care services in a Nursing Home or an Assisted Living Facility, you may incur charges for Bed Reservation by that institution to retain your bed while you are confined in an acute care facility for 24 hours or more. Benefits for Eligible Charges will be paid up to 21 days per calendar year.  You must satisfy the Waiting/Deductible Period before benefits are payable.
<b>Hospice Care</b>	Covered expenses up to 100% of your DBA for hospice care received in a Hospice Facility  Covered expenses up to 60% of your DBA for Home Hospice  You must satisfy the Waiting/Deductible Period before benefits are payable.	Provides coverage for Hospice Care. Benefits for Eligible Charges will be paid up to 100% of the Nursing Home Daily Maximum for institutional and non-institutional care.  The Benefit Waiting/Elimination Period does not apply to Hospice Care benefits.
<b>Respite Care</b>	Provides for substitute at-home care while your usual caregiver takes a break from providing care.  60% of your DBA for up to 21 days per calendar year  Benefits paid do not reduce your Lifetime Maximum.  Respite Benefit paid on same day as other benefits up to your DBA  You must satisfy the Waiting/Deductible Period before benefits are payable.	Pays up to 21 days per calendar year, 100 days per lifetime. Will pay up to the Nursing Home Daily Maximum regardless of the type of services used.  You must satisfy the Waiting Period before benefits are payable.
<b>Private Care Management</b>	No specific benefit	Provides coverage for a Private Care Manager to provide information, resources or to coordinate your Long Term Care. You must first meet the Benefit Eligibility Criteria in order to use this benefit. Benefits for Eligible Charges will be paid up to 12 times the Daily Benefit Maximum per calendar year. No Benefit Waiting/ Elimination Period applies to Private Care Management benefits.
<b>Independence Support Benefits</b>	Transitional Care Benefit: provides a cash benefit to support the transition from being self-sufficient to needing care.  One time payment equal to 3 times your DBA. Paid automatically as a cash benefit and can be used any way that you want.  Benefits paid do not reduce your Lifetime Maximum.  You must satisfy the Waiting/Deductible Period before benefits are payable.	The <b>Independence Support Benefit</b> allows the insured to be reimbursed for expenses for home modifications and medical alert systems, which will enable the insured to remain independent at home. Benefits for eligible charges will be paid up to 50 times the Daily Benefit Maximum.  No Waiting Period applies to Independence Support Benefits.

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<b>Alternate Plan Benefit</b>	For bills submitted for which no Long Term Care Benefit is otherwise payable under the plan, Aetna (at its discretion) may pay a benefit under the Alternate Care Benefit. Covered expenses up to 60% of your DBA depending on Aetna's determination of which Long Term Care Benefit, as defined under the plan, most closely relates to the provider rendering the care.	Due to emerging trends on the delivery of long-term care, this plan takes into account the current institutional and Home Health Care Based Care settings that are available.  Prudential will consider a claim for benefits for care received in an alternate setting or non-institutional services designed to help an eligible person remain independent in his or her home.  You must satisfy the Waiting Period before benefits are payable.
<b>Waiting/Deductible Period</b>	Long Term Care insurance benefits are payable once you are eligible for benefits and have met the 90-day Waiting/Deductible Period. Only one 90-day Deductible Period needs to be met, regardless of how often and for what reason you become eligible for benefits.	A 90 Day Benefit Waiting/Elimination Period must be met once during your lifetime before benefits are payable. This Plan has one combined Benefit Waiting/Elimination Period for all covered services to which it applies. This is a period, counted in calendar days, which begins on the date you are assessed, if that assessment results in eligibility for benefits, and continues as long as you have a Chronic Illness or Disability. You do not need to incur charges to satisfy the Benefit Waiting/Elimination Period. The Benefit Waiting/Elimination Period can be satisfied over multiple periods of Chronic Illness or Disability.
<b>Benefits Paid During Waiting/Deductible Period</b>	None	Independence Support, Caregiver Training, Private Care Management, and Hospice.
<b>Restoration of Benefits</b>	Restores your Lifetime Maximum Benefit or "pool-of-money" by the amount paid out in benefits when you recover from being eligible for benefits and begin making premium payments again. The Restoration of benefits is contingent on being out of claim for 90 days.	All benefits paid under this Coverage are deducted from your Lifetime Maximum (unless otherwise indicated). However, your Lifetime Maximum benefit may be restored. If as a result of a reassessment, you have no limitations performing an Activity of Daily Living or a Cognitive Impairment, and you do not attempt to access benefits, submit a claim, or incur Eligible Charges for a period of six (6) months from the date of reassessment, your Lifetime Maximum benefit will be restored. Your Lifetime Maximum benefit will be restored to the level then in effect as if you had never made a claim or received benefits under this Coverage.
<b>Future Purchase Inflation Protection</b>	Gives you the opportunity to increase your DBA every three years on a 5% compound basis, of your individual DBA, without answering questions about your health. You will not be made an offer if you are in claim and have previously rejected the offer; or premium is not being paid.	At least every three years, you will be given the opportunity to purchase additional coverage to keep up with the rising costs of long-term care. No evidence of insurability is required as long as you have not declined two consecutive periodic inflation offers in the past.
<b>Premium Waiver</b>	Allows you to stop making premium payment after you are eligible for benefits and have met the Waiting/Deductible Period. Payments resume 90 days after you are no longer eligible for benefits.	After you meet the Benefit Eligibility Criteria and satisfy the required Benefit Waiting/Elimination Period, the premiums for your Coverage will be waived. Premiums will be waived beginning the first day of the month following the date you satisfy the Benefit Waiting/Elimination Period. Premiums will again become due as of the first day of the month following the month in which you no longer meet the Benefit Eligibility Criteria.
<b>Coordination of Benefits</b>	With Medicare: benefits are not payable for any charges incurred by you for which benefits are payable under Medicare when Medicare is the primary payor (including benefits that would be payable for the application of Medicare's deductible or coinsurance feature.	The purpose of this Long Term Care Coverage is to help you pay for covered expenses, but not to pay for more than you actually incur. To do this, Prudential coordinates its payments with certain other coverages you may have that provide benefits for the same services covered by this Long Term Care Coverage. Other coverages include other Group LTC coverage, government programs, group medical.

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<b>Contingent Non-Forfeiture</b>	This feature applies only if your coverage does not include the Non-Forfeiture provision described above. This feature automatically provides a Non-Forfeiture Benefit if premium rates are increased by Aetna by more than certain allowable percentages. In that event, you will be able to: 1) continue coverage at current benefit levels by paying the new premium amount; 2) lapse your coverage and retain a reduced lifetime maximum with no further premium payments; or 3) decrease your coverage and keep the policy in effect on a premium paying basis. The contingent benefit and the threshold amounts are described in the 2000 NAIC Long Term Care Insurance Model Regulation.	This feature automatically provides a Non-Forfeiture Benefit if premium rates are increased by Prudential by more than certain allowable percentages. In that event, you will be able to: 1) continue coverage at current benefit levels by paying the new premium amount; 2) lapse your coverage and retain a reduced lifetime maximum with no further premium payments; or 3) decrease your coverage and keep the policy in effect on a premium paying basis. The contingent benefit and the threshold amounts are described in the 2000 NAIC Long Term Care Insurance Model Regulation.
<b>International Benefit</b>	Not Applicable	Benefits for Eligible Charges for care you receive outside the United States will be paid up to 75% of your Daily Maximum for Nursing Home Care or Daily Maximum for Home Health Care, according to the services you use. Payment of International Coverage benefits is limited to 365 days during which Eligible Charges are incurred over the lifetime of the Coverage. Benefits will be paid in U.S. currency. You must satisfy the Waiting Period before benefits are payable.
<b>Spousal/Marital Discount</b>	Offers a 10% discount for you and your spouse when you both enroll and your coverage becomes effective.	10% discount for any insured that is married.
<b>Direct Bill Modal Premium Discounts</b>	Not Applicable	5.6% for Annual Mode 2.8% for Semi Annual Mode
<b>Rate Guarantee</b>	Ending 08/31/2009	Prudential guarantees to continue rates through December 31, 2014.
<b>Portability</b>	Allows you to continue your coverage at the same group rates if you retire or leave the company	Allows you to continue your coverage at the same premium rate if you retire, leave your job or the Group Contract Holder withdraws sponsorship of the Group Contract and does not replace it within 31 days of the date the coverage would otherwise end. This applies as long as you have not exhausted your Lifetime Maximum Benefits.

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<b>Exclusions</b>	<p>Coverage under this group Long Term Care insurance policy has exclusions, limitations, reductions of benefits and terms under which the coverage may be continued in force or discontinued. This plan does not provide benefits for any of the following:</p> <ul style="list-style-type: none"> <li>a loss which is caused by war or any act of war;</li> <li>a loss which is caused by a suicide attempt, while sane or insane, or intentionally self-inflicted injury;</li> <li>services for which no charge is normally made in the absence of insurance or charges that a covered family member is not legally obligated to pay;</li> <li>any day that you are confined in a hospital, except as otherwise provided under the bed reservation benefit;</li> <li>any day during a benefit period that you are outside the United States of America, its territories, or Canada;</li> <li>any charges incurred by you while outside the United States of America, its territories, or Canada;</li> <li>any day of confinement in a government institution; unless a charge is made which you are obligated to pay;</li> <li>any day on which benefits are provided or required because of the past or present service of any person in the armed forces of a government;</li> <li>any charges incurred by you for which benefits are provided or required under any law, or other governmental program or any automobile reparations (no-fault) law. (This does not include a medical plan established by a government for its own employees or their dependents, or Medicaid.);</li> <li>any charges incurred by you for which benefits are payable under Medicare when Medicare is the primary payor (including benefits that would be payable for the application of Medicare's deductible or coinsurance features).</li> </ul>	<p>Charges in connection with the following are not covered:</p> <ul style="list-style-type: none"> <li>1) A charge covered by a workers' compensation law, occupational disease law or similar law.</li> <li>2) A charge for a service or supply a) furnished by or for the United States government or any other government, unless payment of the charge is required by law. Or b) to the extent that the service or supply, or any benefit for the charge, is provided by any law or governmental plan under which the patient is or could be covered. This (b) does not apply to a state plan under Medicaid or to any law or plan when, by law, its benefits are excess to those of any private insurance program or other non-governmental program. When this (b) applies to Medicare, the benefits provided by Medicare will be deemed to include any amount that would have been payable by Medicare in the absence of a deductible or coinsurance requirement under that program.</li> <li>3). Charges for a condition due to war or any act of war while you are insured or due to your participation in an act of felony, riot or insurrection. "War" means declared or undeclared war and includes resistance to armed aggression. "Riot" means a wild, violent, public disturbance of the peace.</li> <li>4) Charges arising from intentionally self-inflicted injury or attempted suicide, while sane or suffering from inorganic based insanity.</li> <li>5) Charges for services or supplies outside of the United States and its possessions. (This exclusion does not apply to the International Benefit)</li> <li>6) Charges in connection with the treatment of chronic alcoholism or chemical dependency.</li> </ul>